



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/644,603

Filing Date: August 20, 2003

Applicants: Kazuyuki Yamada et al.

Group Art Unit: 2826

Examiner: Alexander O. Williams

Title: SEMICONDUCTOR DEVICE MOUNTING METHOD,
SEMICONDUCTOR DEVICE MOUNTING STRUCTURE,
ELECTRO-OPTICAL DEVICE, ELECTRO-OPTICAL
DEVICE MANUFACTURING METHOD AND
ELECTRONIC DEVICE

Attorney Docket: 9319S-000540

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AFTER FINAL

Sir:

In response to the Final Office Action mailed September 21, 2005, please amend the application as follows and consider the remarks set forth below.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 3 of this paper.



12-21-05

AF/IFa

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/644,603
		Filing Date	August 20, 2003
		First Named Inventor	Kazuyuki Yamada
		Art Unit	2826
		Examiner Name	Alexander O. Williams
Total Number of Pages in This Submission		Attorney Docket Number	9319S-000540

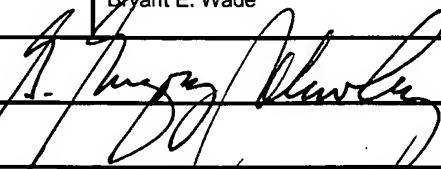
ENCLOSURES (check all that apply)

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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

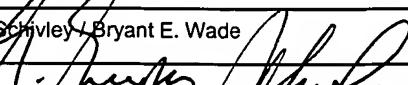
The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-3213. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name G. Gregory Schivley / Bryant E. Wade	Reg. No. 27,382 / 40,344
Signature			
Date	December 20, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

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Signature		Date	December 20, 2005

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